Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		000086	B. WING		10/25/2013
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
WESTMIN	STER VILLAGE MUNCIE	INC 5801 W B MUNCIE,	ETHEL AVE IN 47304		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
R 241	410 IAC 16.2-5-4(e)(1) Health Services - Offense	R 241		
K 241	(e) The administration provision of residential ordered by the reside supervised by a licens or on call as follows: (1) Medication shall be nursing personnel or or this RULE is not mean. Based on interview facility failed to ensure sliding scale insulin in physician's orders for with sliding scale insuling physician's orders for with sliding scale insuling the sidents #R19 and B. Based on observating interview, the facility for was given 30 minutes day as ordered by the residents observed dadministration observed findings include: A.1.) Resident #R19's curre were not limited to, dimellitus, dementia and Resident #R19 had a order for Novolog (Insubcutaneous per slicitat bed time. The sliding and the supervised time. The sliding at the supervised times and the supervised times.	a of medications and the all nursing care shall be as int's physician and shall be sed nurse on the premises and each qualified medication aides. It as evidenced by: It as evidenced by: It and record review, the enurses administered accordance with 2 of 2 residents reviewed lin in a sample of 10. #R145). Ition, record review, and ailed to ensure a medication after the same meal each enphysician for 1 of 5 aring medication ation. (Resident #R32) It is residential record was at 9:40 a.m. Lent diagnoses included, but abetes di hypertension. Current, 9/4/13, physician's sulin) 100 unit/ml ling scale before meals and	K 241		
	sugar results prior to the were as follows:	the administration) doses			

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SL (X3) DATE SL (X3) DATE SL (X4) PLAN OF CORRECTION (X5) DATE SL (X5) MULTIPLE CONSTRUCTION (X6) DATE SL (X6	JRVEY TED
000086 B. WING 10/28	5/2013
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
WESTMINSTER VILLAGE MUNCIE INC 5801 W BETHEL AVE MUNCIE, IN 47304	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 241 Continued From page 1 0 - 100 = 5 units 100 - 150 = 6 units 150 - 200 = 7 units 200 - 250 = 8 units 250 - 300 = 9 units 330 - 350 = 10 units 350 - 400 = 11 units Review of Resident #R19's September, 2013, Medication Administration Record from the 5th to the 30th, indicated the following blood sugar results and Novolog coverage insulin given: 9/5/13 at 6:00 a.m 10:30 a.m., blood sugar 179 - no coverage given and he should have received 7 units of coverage. 9/5/13 at 11:00 a.m 1:00 p.m., blood sugar 138 - no coverage given and he should have received 6 units of coverage. 9/6/13 at 11:00 a.m 1:00 p.m., blood sugar 177 - no coverage given and he should have received 7 units of coverage. 9/6/13 at 4:30 p.m 6:30 p.m., blood sugar 169 - no coverage given and he should have received 8 units of coverage. 9/7/13 at 4:30 p.m 6:30 p.m., blood sugar 208 - no coverage given and he should have received 8 units of coverage. 9/8/13 at 4:30 p.m 6:30 p.m., blood sugar 389 - no coverage given and he should have received 11 units of coverage. 9/8/13 at 6:30 p.m 6:30 p.m., blood sugar 389 - no coverage given and he should have received 11 units of coverage.	

Indiana State Department of Health

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Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	, ,	E SURVEY PLETED	
		000086	B. WING		10	/25/2013
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
WESTMIN	ISTER VILLAGE MUNCIE	INC	ETHEL AVE IN 47304			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
R 241	Continued From page	2	R 241			
		10:30 a.m., blood sugar 218 and he should have received				
		1:00 p.m., blood sugar 129 and he should have received				
		10:30 a.m., blood sugar ven and he should have				
		10:00 p.m., blood sugar en and he should have				
		6:30 p.m., blood sugar 212 and he should have received				
		10:00 p.m., blood sugar ren and he should have				
		10:30 a.m., blood sugar ren and he should have verage.				
	9/12/13 at 11:00 a.m. results.	- 1:00 p.m., no blood sugar				
	9/12/13 at 4:30 p.m results.	6:30 p.m., no blood sugar				
		10:30 a.m., blood sugar ren and he should have verage.				
	9/14/13 at 6:30 n m -	10:00 p.m., blood sugar				

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Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED	
		000086	B. WING		10	0/25/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
WESTMIN	ISTER VILLAGE MUNCIE	INC	BETHEL AVE IN 47304			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
R 241	Continued From page	: 3	R 241			
	116 - no coverage giv received 5 units.	en and he should have				
		6:30 p.m., blood sugar 220 and he should have received				
		10:00 p.m., blood sugar en and he should have				
		- 1:00 p.m., blood sugar ren and he should have rage.				
	9/16/13 at 4:30 p.m exceeded the call or	6:30 p.m., blood sugar 425 ders.				
		10:00 p.m., blood sugar en and he should have				
		6:30 p.m., blood sugar 302 and he should have received				
		10:00 p.m., blood sugar ren and he should have				
		10:00 p.m., blood sugar en and he should have				
		- 1:00 p.m., blood sugar ren and he should have rage.				
		10:30 a.m., blood sugar				

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Indiana State Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		000086	B. WING		10/2	5/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
WESTMIN	STER VILLAGE MUNCIE	INC 5801 W BE MUNCIE, I	ETHEL AVE N 47304			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)) BE	(X5) COMPLETE DATE
R 241	Continued From page	÷ 4	R 241			
	received 7 units of co	verage.				
		- 1:00 p.m., blood sugar en regular scheduled insulin.				
		6:30 p.m., blood sugar 155 and he should have received				
	9/20/13 at 6:30 p.m 10:00 p.m., blood sugar 125 - no coverage given and he should have received 6 units coverage.					
		6:30 p.m., blood sugar 319 and he should have received				
		10:00 p.m., blood sugar ven and he should have erage.				
		- 1:00 p.m., blood sugar not egular scheduled insulin.				
		6:30 p.m., blood sugar 218 and he should have received				
		10:30 a.m., blood sugar ven and he should have verage.				
	9/24/13 at 11:00 a.m. obtain he had already	- 1:00 p.m., no blood sugar v eaten lunch.				
	-	6:30 p.m., blood sugar 218 and he should have received				
	9/25/13 at 6:00 a.m	10:30 a.m., blood sugar				

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Indiana State Department of Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	, ,	E SURVEY PLETED
		000086	B. WING		10	/25/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WESTMIN	ISTER VILLAGE MUNCIE	INC 5801 W B MUNCIE,	ETHEL AVE IN 47304			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
R 241	received 6 units of co 9/25/13 at 11:00 a.m. results - stated within 9/26/13 at 4:30 p.m no coverage given a 8 units of coverage. 9/26/13 at 6:30 p.m 237 - no coverage given a 9/27/13 at 6:30 p.m 216 - no coverage given a 9/28/13 at 11:00 a.m. results. 9/28/13 at 4:30 p.m no coverage given a 9 units of coverage. 9/29/13 at 6:00 a.m 105 - no coverage given a 9 units of coverage. 9/29/13 at 6:30 p.m 272 - no coverage given a 3 units of coverage.	ren and he should have verage. - 1:00 p.m., no blood sugar normal range. 6:30 p.m., blood sugar 237 and he should have received 10:00 p.m., blood sugar ren and he should have rage. 10:00 p.m., blood sugar ren and he should have rage. - 1:00 p.m., no blood sugar 272 and he should have received 10:30 a.m., blood sugar ren and he should have received 10:30 a.m., blood sugar ren and he should have rerage. 10:00 p.m., blood sugar ren and he should have rage. 10:00 p.m., blood sugar ren and he should have received 10:30 p.m., blood sugar ren and he should have rege.	R 241			
	191 - no coverage giver received 7 units cover	ven and he should have rage.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMF	SURVEY LETED
		000086	B. WING		10	25/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	,	
WESTMIN	STER VILLAGE MUNCIE	INC	ETHEL AVE IN 47304			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
R 241	Continued From page	e 6	R 241			
	administering insulin 104 opportunities.	nt's blood sugar and or not being followed for 49 of				
	the 20th, indicated the	R19's October, 2013, ation Record from the 1st to e following blood sugar coverage insulin given:				
	_ ·	6:30 p.m blood sugar 389 and he should have received				
		· 10:00 p.m blood sugar ven and he should have overage.				
		- 1:00 p.m blood sugar ven and he should have verage.				
		6:30 p.m blood sugar 305 and he should have received				
		· 10:00 p.m blood sugar ven and he should have overage.				
		· 10:00 p.m blood sugar ven and he should have overage.				
		6:30 p.m blood sugar 213 and he should have received				
	10/4/13 at 6:30 p.m	· 10:00 p.m., - blood sugar				

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Indiana State Department of Health

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		000086	B. WING		10	0/25/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	•	
VA/ECTRAIN	ISTED VII I ACE MUNCIE	5801 W	BETHEL AVE			
WESTMIN	ISTER VILLAGE MUNCIE	MUNCIE	, IN 47304			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
R 241	Continued From page	÷ 7	R 241			
	367 - no coverage giv received 11 units of c	ven and he should have overage.				
		6:30 p.m., - blood sugar ven and he should have verage.				
		10:00 p.m., - blood sugar ven and he should have verage.				
	10/6/13 at 11:00 a.m. sugar obtained.	- 1:00 p.m., - no blood				
	-	10:00 p.m., - blood sugar ven and he should have overage.				
		10:00 p.m., - blood sugar ven and he should have verage.				
		- 10:30 a.m., blood sugar ven and he should have verage.				
		n 1:00 p.m., - blood sugar ven and he should have verage.				
		- 6:30 p.m., - blood sugar ven and he should have overage.				
		n 1:00 p.m., - blood sugar ven and he should have verage.				
		n 1:00 p.m., - no blood o the resident had already				

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STATE FORM 9GRH11 If continuation sheet 8 of 14

Indiana State Department of Health

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION		SURVEY PLETED
		000086	B. WING		10	/25/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
WESTMIN	ISTER VILLAGE MUNCIE	INC	BETHEL AVE IN 47304			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
R 241	105 - no coverage givereceived 6 units of comparison of contractions of contra	- 10:00 p.m., - blood sugar ven and he should have verage. n 1:00 p.m., - no blood of the resident had already - 6:30 p.m., - blood sugar ven and he should have verage. - 10:00 p.m., - blood sugar ven and he should have verage. - 10:30 a.m., blood sugar ven and he should have verage. - 10:30 a.m., blood sugar ven and he should have verage.	R 241			
	received 6 units of co 10/17/13 at 6:30 p.m. 263 - no coverage giv received 9 units of co	verage. - 10:00 p.m., - blood sugar ven and he should have				
	156 - no coverage givereceived 7 units of co	en and he should have				

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Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING		40/05/0040
NAME OF D		000086			10/25/2013
	ROVIDER OR SUPPLIER	5801 W BE	DRESS, CITY, STA E THEL AVE	ITE, ZIP CODE	
WESTMIN	STER VILLAGE MUNCIE	MUNCIE, I	N 47304		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
R 241	Continued From page	9	R 241		
	received 7 units of co	verage.			
		- 6:30 p.m., - blood sugar ven and he should have verage.			
	-	- 10:00 p.m., - blood sugar ven and he should have verage.			
	10/21/13 at 6:00 a.m 10:30 a.m., blood sugar 202 no coverage given and he should have received 8 units of coverage.				
		hysician's orders for nt's blood sugar and or not being followed for 31 of			
	A.2.) Resident #R145 reviewed on 10/21/13	s's residential record was s at 2:25 p.m.			
		rrent diagnoses included, but abetes mellitus and anemia.			
	orders for Humalog (i subcutaneous in acco times daily A.M. and I as follows: 110 - 140 = 0 141 - 180 = 1 unit 181 - 220 = 2 units 221 - 260 = 4 units 261 - 300 = 6 units 301-340 = 7 units	current, 6/12/13, physician nsulin) KwikPen 100 u/ml ordance with sliding scale 2 P.M. The sliding scale was			
	341 - 380 = 8 units 381 - 420 = 9 units 421 - 480 = 10 units				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		000086	B. WING		10/25/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
WESTMIN	STER VILLAGE MUNCIE	INC	ETHEL AVE		
		MUNCIE,	IN 47304		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
R 241	Continued From page	e 10	R 241		
	Review of Resident # administration record 2013 (resident on lear indicated the resident sliding scale on 2 occ 10/14/13, 6:00 a.m. to insulin held due to reside prior. The sliding unit. 10/21/13, 6:00 a.m. to insulin held due to resident h	R145's medication for October 13 through 21, ve 10/1/13 to 10/12/13) t did not receive insulin per casions as follows: to 10:00 a.m., results 171- sident had a glass of orange reg scale dose for 171 was 1 to 10:00 a.m., results 156 - sident already ate breakfast. refor 156 was 1 unit. 10:00 a.m., interview RN #5, reful Service Coordinator, recould not hold insulin red eaten. The physician red decision making. red did not have a policy which red hold sliding scale insulin if referent insulin as well as sliding referent an oversight by 100 p.m. interview, RN #1 red domplete an accucheck referent in accordance with the 11 at 7:08 a.m., Resident resident was then taken referent for the dining room to open	1 1 2 2 1		
	The clinical record for reviewed on 10/24/13				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
		000086	B. WING		10	/25/2013
	ROVIDER OR SUPPLIER	5801 W E	DDRESS, CITY, STATE	E, ZIP CODE		
WESTMIN	ISTER VILLAGE MUNCIE	MUNCIE,	IN 47304			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
	not limited to, hyperte hyperplasia of prostra Current physician ord included the following Tamsulosin ER (a me milligrams (mg) 1 cap following the same m date of this order was	dication for BPH) 0.4 sule by mouth 30 minutes eal each day. The original 9/14/13.				
	History Detail Report	nistration Documentation for October 2013 indicated tamsulosin on the following n.				
	October 10, at 6:42 a October 22, at 6:50 a					
	October 23, at 7:14 a					
	October 24, at 7:15 a	.m.				
	10:00 a.m., he indicat	with Dietary #1 on 10/24/13 at the dining room was to 10:00 a.m. for breakfast.				
	10:05 a.m., she indicathe tamsulosin had no	rith LPN #1 on 10/24/13 at atted the physician's order for ot been changed. Resident his tamsulosin 30 minutes eal each day.				
	"6.0 General Dose Pr Administration," provi	l policy, dated 1/1/13, titled eparation and Medication ded by RN#1 on 10/24/13 at but was not limited to, the				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		000086	B. WING		10/25/2013	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE		
WESTMIN	STER VILLAGE MUNCIE	INC 5801 W	BETHEL AVE			
VVLOTIVIIIV	OTER VILLAGE MONOIL	MUNCIE	, IN 47304			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
R 241	Continued From page 12		R 241			
	following:					
	administered that it is medication the correct rate, at the	ch time a medication is the correct on, at the correct route, at				
R 271	410 IAC 16.2-5-5.1(d) Services - Deficiency	Food and Nutritional	R 271			
	(d) All modified diets sattending physician.	shall be prescribed by the				
	review, the facility faile a physician's order for (American Dietetic As the diet that was orde	in interview, and record ed to ensure a resident with r a 2000 calorie ADA sociation) diet was served red by the physician for 1 of or specialized diets in a				
	Findings include:					
	Resident #R145's res reviewed on 10/21/13					
		rent diagnoses included, but abetics mellitus and anemia.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		000086	B. WING		10/25/2013					
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
WESTMINSTER VILLAGE MUNCIE INC MUNCIE, IN 47304 5801 W BETHEL AVE MUNCIE, IN 47304										
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE					
R 271	Continued From page	: 13	R 271							
	KCal ADA (American ordered by the physical During a 10/21/13, 11 lunch observation in the dining room all diets is with no specialized diet in the it was a low sodium of During a 10/24/13, 11 Registered Dietary Tecalorie ADA diets were residential dining room diets were liberalized. During a 10/24/13, 3:3 Director of Nursing indepartment should hawith the physician in the was covered by the libralized was covered by the libralized in Nutritional Service provided by the Assis 10/24/13 at 4:45 p.m.	:30 a.m. to 12:05 p.m., the Residential Windsor therved were liberalized diet tets served. :37 a.m., interview, Dietary of one resident received a residential dining room and tiet. :50 a.m., interview, chnician #3 indicated 2000 te not served in the m. She indicated all the :30 p.m., interview the dicated the nursing tive clarified the diet order order to obtain a diet that the peralized diets provided in acility policy titled, "Food tes Policy" which was tant Administrator on the indicated the following: will meet: tements and requests, with allergies								

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